tisements increased awareness of new treatment (perceived benefit) and improved discussion with health professionals (perceived benefit) were both positively associated with switching request (p = 0.001 and p < 0.0001, respectively). Believing that DTC advertisements led to decreased confidence in doctor’s judgment (perceived barrier) was negatively associated with switching request (p = 0.02). Patients on regular medication (OR, 2.03; 95% CI, 1.48–2.78), black patients (OR, 2.76; 95% CI, 1.48–5.13), patients with higher attentiveness to DTC advertising (p < 0.0001), and patients with allergies (OR, 1.35; 95% CI, 1.01–1.79), asthma (OR, 1.71; 95% CI, 1.09–4.33), or anxiety (OR, 1.60; 95% CI, 1.23–2.57), were more likely to make switching requests. CONCLUSIONS: Patients’ switching requests were associated with health beliefs, race, health status, and attentiveness to DTC advertising.

HP4

POTENTIALLY INAPPROPRIATE MEDICATION PRESCRIBING
FOR ELDERLY AMBULATORY PATIENTS IN REGIONE EMILIA
ROMAGNA, ITALY

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OBJECTIVES: To investigate the prevalence of potentially inappropriate medication prescribing (PIP) among elderly residents in Regione Emilia Romagna (RER), Italy and to examine factors associated with having PIP. METHODS: We conducted a retrospective cohort study using the 2001 outpatient prescription claims database. We linked individuals in this database with information (age, gender, and other variables) available from a demographic file of approximately 1 million elderly RER residents. The cohort comprised 849,425 subjects 65 years or older, who had at least one drug prescription during the study period. PIP was defined as having a prescription claim for a medication included in the 2003 Beers updated list of drugs to be avoided in the elderly. Of the 48 medications in the list, 19 were reimbursed in 2001 by the Italian National Formulary and included in the analysis. RESULTS: A total of 152,641 elderly in the cohort (18.0%) had 1 or more occurrences of PIP. Of these, 11.5% received prescriptions for 2 medications of concern and 1.7% for 3 or more. Doxazosin (23.0%) of the subjects was the most frequently occurring PIP, followed by ketorolac (20.5%), ticlopidine (18.3%), and amiodarone (12.6%). More than half of the PIP was for drugs with the potential for severe adverse outcomes. Factors associated with greater likelihood of PIP were male, older age, overall number of drugs prescribed, greater number of chronic conditions, and lower income level. CONCLUSIONS: This study provides strong evidence that PIP for elderly ambulatory patients is a substantial problem in Italy. Because we were able to analyze only a fraction of the Beers’ drugs list, our results underestimate the extent of PIP. The awareness of the prevalence of PIP and associated determinants may be useful in designing and implementing effective programs targeting outpatient practitioners to influence their prescribing behavior to reduce PIP.

Cancer

CN1

COST-EFFECTIVENESS OF ONCE WEEKLY EPOETIN ALFA AND DARBEPOETIN ALFA IN TREATING CHEMOTHERAPY-INDUCED ANEMIA

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OBJECTIVES: To analyze the comparative cost effectiveness of eopoetin alfa (EPO) and darbeopetin alfa (DARB) based on the FDA-approved doses for EPO (40,000 Units/week) and DARB (2.25 mcg/kg/week) for the treatment of chemotherapy-induced anemia (CIA). METHODS: Clinical results were drawn from two randomized, double blind, placebo-controlled phase III registration trials (EPO, N = 344 patients, JCO Sep 27, 2004 [epub ahead of print]; DARB N = 320 patients, JNCI 2002 94:1211–20; abstract 981 Eur J Cancer 2001 37, Suppl 6: 264). Effectiveness was based on the red blood cell transfusion rate between Week 5 and the end of Week 12 and was standardized as the difference in transfusion rates between the active drug and the respective placebo, divided by the transfusion rate for the placebo. Estimated costs were presented in 2004 USD and included drug, physician services, transfusions, laboratory, and patient opportunity costs. Cost-effectiveness was calculated as average cost divided by transfusion effectiveness. Threshold analysis was conducted by finding the break even point at which EPO and DARB have the same total cost and cost-effectiveness ratio, respectively. RESULTS: Estimated total cost over 12 weeks was $7,618 for EPO and $10,857 for DARB, with drug cost representing 85% and 89% for EPO and DARB, respectively. Relative to placebo, the standardized transfusion effectiveness was 65% for EPO and 48% for DARB, resulting in an average cost effectiveness ratio of $117 for EPO and $226 for DARB. A 33% (or 54%) reduction in DARB dose or price would be needed to equalize the total cost (or cost-effectiveness ratio) with that of EPO. CONCLUSIONS: Drug cost was determined to be the key driver of total cost. In addition, this analysis found EPO to be more effective in reducing blood transfusion requirements and less costly, and hence the dominant alternative compared to DARB for the treatment of CIA.

CN2

VALUE-FOR-MONEY OF PEMETREXED PLUS CISPLATIN VERSUS CISPLATIN ALONE IN THE TREATMENT OF MALIGNANT PLEURAL MESOTHELIOMA

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OBJECTIVES: To determine the value-for-money offered by pemetrexed (Alimta) plus cisplatin therapy for patients with malignant pleural mesothelioma (MPM), relative to cisplatin monotherapy, in Australia. MPM is an uncommon, locally invasive and rapidly fatal malignancy. There is currently no other drug reimbursed by the Australian National Formulary specifically for the treatment of mesothelioma. METHODS: A comprehensive literature search revealed one randomised head-to-head trial of pemetrexed plus cisplatin therapy versus cisplatin monotherapy (N = 448), by Vogelzang et al. (2003). Median survival for the intention-to-treat (ITT) population was 12.1 months for the pemetrexed plus cisplatin arm versus 9.3 months for the cisplatin arm (hazard ratio = 0.77, p = 0.020). Although there was greater toxicity with the combination regimen, quality of life was not negatively impacted. Mean survival time for each treatment arm was estimated from Kaplan-Meier survival curves. Resource use was applied as per the trial and costed accordingly. Study drug utilisation, concomitant medications, supplementary medication (dexamethasone, folinic acid, and vitamin B12), post-study chemotherapy, and care for serious and treatment-emergent adverse events were costed. RESULTS: Patients received a mean of 4.7 treatment cycles in the pemetrexed plus cisplatin arm, and 4.0 cycles in the cisplatin monotherapy arm. The combination therapy required more supportive care for toxicities.